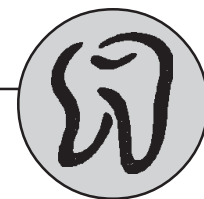


# DENTAL PLAN - BENEFIT YEAR 2004



Administered by Blue Cross/Blue Shield of Montana  
1-800-423-0805 or 444-8315 • www.bluecrossmontana.com

## Deductible

\$50/Member  
\$150/Family

## Monthly Premiums

Member only	\$28.60
Member and spouse	\$34.60
Member and children	\$41.60
Member and family	\$46.60
Joint Core	\$32.60

## Covered Services

Type A: Preventive and Diagnostic

## Plan Pays

• 100%\*\*

## Limitations/Maximums

- One full-mouth X-ray or series in any 36-month period.
- One set of supplementary bitewing X-rays in any 180-day period.
- Two exams and/or cleanings in any benefit year. (Fluoride application covered through age 19.)
- No deductible or yearly dollar maximum apply.

Type B: Fillings, Oral Surgery, etc.

• 80%\*\*

- Subject to \$50 combined (with type C) deductible
- Subject to \$1,000 combined (with type C) yearly maximum

Type C: Dentures, Bridges, etc.

• 50%\*\*

- Subject to \$50 combined (with type B) deductible
- Subject to \$1,000 combined (with type B) yearly maximum
- Replacement crowns and dentures are limited to once every five years.
- Dental sealants – limited to covered dependents under age 16 – may be applied to molars once per tooth per lifetime.

\*\*Of allowable charges.

## WHO IS ELIGIBLE?

Employees are required to elect dental insurance unless they waive benefits. You may also choose which dependents may receive coverage within 31 days of your date of hire or within 63 days of a qualifying event such as a marriage, birth, or adoption. Adding a dependent to the plan requires the submission and approval of an application, except for children under 3 years of age. Applicants will be required to have outstanding dental problems identified during the application exam and corrected before joining the plan.

Dental plan benefits are paid differently depending on the type of service received.

There is a \$50 per member, \$150 family deductible for Type B & C services only.

Each member and dependent has a maximum yearly benefit of \$1,000 for Type B & C services only.

If you use a Blue Cross participating dentist, you will not be responsible for costs beyond the allowable charges for covered services.

## TYPE A SERVICES

The Dental Plan pays 100 percent of the allowable charges for Type A Services and are not subject to deductible:

1. Diagnostic – Dental X-rays required in connection with the diagnosis of a specified condition requiring treatment. Dental X-rays are limited to one full mouth X-ray or series in any 36-month period and one set of supplementary bitewing X-rays in any 180-day period.

2. Preventive – Oral examination, including prophylaxis (cleaning) and topical application of fluoride for dependent children under 19 years of age, but *not more than two examination and/or application in any benefit year.*

3. Unscheduled minor emergency treatment to relieve pain.

## TYPE B SERVICES

The Dental Plan pays 80 percent of the allowable charges (after deductible) for Type B Services:

1. Passive space maintainers
2. Extractions
3. Fillings
4. Mucogingivoplastic surgery
5. Endodontics
6. Periodontics
7. Oral surgery

## TYPE C SERVICES

The Dental Plan pays 50 percent of the allowable charges (after deductible) for Type C Services:

1. Crowns, bridge abutments (bridge retainers crowns), inlays, onlays, pontics and gold and porcelain fillings. Replacement of crowns is limited to once every five years.

2. Bridges.

3. Repair and rebasing of existing dentures.

4. Initial and replacement dentures, limited to no more than one set of replacement dentures in any 5-year period.

5. Up to \$1,500 per person, per lifetime for Dental Implants while under the plan. Maximum separate from yearly maximum. All related services included in maximum and payable at 50% of allowed charges.

6. Dental sealants, limited to covered dependents under age (16) applied to molars once per tooth per lifetime. Repair and resealing are not covered.

## Type C Limitations

Type C Services (except replacement dentures) are payable after 12 months of continuous coverage under the Plan. Replacement dentures are payable after 36 months of continuous coverage (waiting periods may be eliminated or reduced by a Previous Coverage Credit).